

ALASKA MEDICAID

If the Electronic Step-Edit Criteria does not result in automatic coverage the following criteria will be applied to determine coverage:

Proton Pump Inhibitors

Nexium®, Prevacid®, Aciphex®, Omeprazole®, Prevacid Naprapac®, Prevacid Rapid Tabs®, Prilosec®, Protonix®, Zegerid®, Dexilant®, Prilosec® OTC, Omeprazole OTC

CRITERIA FOR APPROVAL:

- Coverage will be given for Prilosec® OTC or Omeprazole OTC if the patient has one or more of the following diagnosis within the last 365 days:
 1. Disease of the esophagus (ICD-9 = 530**)
 2. Duodenal, peptic, gastric or gastrojejunal ulcer (ICD-9 = 531**, 532**, 533**, 534**)
 3. Gastritis and duodenitis (ICD-9 = 535**)
 4. Disorders of function of the stomach (ICD-9 = 536**)
 5. Diseases of the esophagus, stomach and duodenum (ICD-9 = 537**)
 6. Gastrointestinal mucositis (ICD-9 = 538)
 7. Gastroenteritis and colitis due to radiation (ICD-9 = 558.1)
 8. Esophageal varicies (ICD-9 = 456.0, 456.1, 456.2)
 9. *Helicobacter pylori* infection (ICD-9 = 041.86)
 10. Malignant neoplasm of the stomach (ICD-9 = 151**)
 11. Scleroderma (ICD-9 = 710.1)
 12. An adjunct in pancreatic enzyme therapy (ICD-9 = 577**, 751.7, 277.0*)
 13. Abnormality of secretion of gastrin (ICD-9 = 251.5)
 14. Upper respiratory tract hypersensitivity reaction (ICD-9 = 478.8)
- Coverage will be given for any other proton pump inhibitor if the patient has one or more of the diagnosis above and has been on Prilosec® OTC or Omeprazole OTC for 45 of the last 60 days.

DISPENSING LIMIT:

1. The dispensing limit is a 30 day supply of medication.